



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: October 15, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003411

[REDACTED]

Dear [REDACTED],

On July 21, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 10, 2015 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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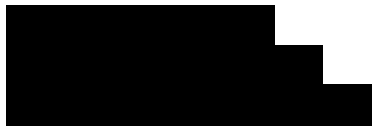


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## Decision

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NY State of Health Number: [REDACTED]  
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## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace properly determine that you are no longer eligible for financial assistance, effective July 1, 2015, and disenrolled from your Medicaid Managed Care plan as of June 30, 2015?

## Procedural History

According to your Marketplace account, you were determined Medicaid eligible through the Marketplace effective July 1, 2014. You initially had coverage under Medicaid Fee-For-Service (FFS) during July 2014 and were enrolled in Healthfirst, a Medicaid Managed Care (MMC) plan, effective August 1, 2015.

On May 14, 2015, the Marketplace issued a renewal notice that stated, based on the information from federal and state sources, a decision could not be made about whether or not you qualify for financial help paying for your health coverage. The notice instructed you to update the information on your NY State of Health account by June 15, 2015 so that an appropriate decision could be made and, if you miss this deadline, the financial assistance you were getting may end.

On May 19, 2015, the Marketplace issued a notice of eligibility redetermination that you are newly eligible to purchase a qualified health plan at full cost through New York State of Health, effective July 1, 2015. That notice explained that you do not qualify for Medicaid because federal and state data sources show that you are already enrolled in Medicaid, Child Health Plus or another program. It further explained that you are not

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eligible to receive advance premium tax credits to help pay for the cost of your insurance because you are eligible for or enrolled in a public insurance program such as Medicaid, Child Health Plus, or another program and you are not eligible for cost sharing reductions because you are not eligible for APTC.

That same day, the Marketplace issued a disenrollment notice informing you that your coverage with Healthfirst, your MMC plan, will end effective June 30, 2015.

On May 29, 2015, June 6, 2015 and June 10, 2015, the Marketplace issued notices of eligibility redetermination with the same findings as in the May 19, 2015 notice of eligibility redetermination.

On June 10, 2015, you spoke with a representative from the Marketplace's Account Review Unit and appealed the eligibility redetermination insofar as you wanted to stay enrolled in your MMC plan for access to providers with whom you were an established patient for continuity of care.

On July 21, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) According to your Marketplace account, you were enrolled in public coverage as of February 1, 2015 to November 30, 2015 through your local Human Resources Administration (HRA) office.
- 2) You testified that you went to your local HRA office in February 2015 to get cash assistance and were also determined Medicaid eligible at that time.
- 3) You testified that you think you have Medicaid Fee-For-Service (FFS) and your medical providers, with whom you are an established patient, do not accept Medicaid FFS, but do accept Healthfirst, which is the MMC plan you were enrolled in.
- 4) You want your coverage under your MMC plan to continue so that you can continue to receive care and treatment for your medical conditions with your current providers.
- 5) You currently live in Brooklyn, which is in Kings County, New York.
- 6) As of the date of the May and June 2015 determinations, you were 60 years old.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

There are two primary places to apply for Medicaid in New York State, the New York State of Health Marketplace and your Local Department of Social Services (LDSS) or, if you live in one of New York City's five boroughs, the New York City Human Resources Administration (HRA). Generally, adults aged 19 to 64 apply for Medicaid through the Marketplace, and adults over the age of 65 who are not parents or caretaker relatives apply for Medicaid through their LDSS or the HRA.

An individual is eligible for enrollment in Medicaid through the Marketplace (called MAGI-based Medicaid) when he or she meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard (45 CFR § 155.305(c); N.Y. Soc. Serv. Law § 366(1)(b)).

Medicaid can be provided through the Marketplace to adults who meet the following non-financial criteria: (1) Are age 19 or older and under age 65; (2) Are not pregnant; (3) Are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act; (4) Are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and (5) Have a household modified adjusted gross income (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

The Marketplace does not have the authority to decide if you qualify for non-MAGI-based Medicaid. This decision is made by local HRA offices and you can confirm your enrollment through Medicaid there.

A listing of HRA offices can be found at [www1.nyc.gov/site/hra/locations/medicaid-locations.page](http://www1.nyc.gov/site/hra/locations/medicaid-locations.page).

## **Legal Analysis**

The issue under review is whether you are not eligible for Medicaid through the Marketplace.

You testified that you have Medicaid through your local HRA office as of February 1, 2015, which was confirmed by the Marketplace according to your Marketplace application.

Medicaid is available through the Marketplace to people who meet specific financial and nonfinancial criteria. One criterion is that a person may not be "otherwise eligible for and

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enrolled for mandatory coverage under a State's Medicaid State plan.” Since you are eligible for and enrolled in Medicaid through your local HRA office, you are not eligible for Medicaid through the Marketplace. Therefore, the June 10, 2015 notice of eligibility redetermination is correct and is AFFIRMED.

It appears from your account that you are enrolled in an MMC plan through your local HRA office. To confirm your enrollment and coverage through Medicaid, you can contact that HRA office.

A listing of HRA offices can be found at [www1.nyc.gov/site/hra/locations/medicaid-locations.page](http://www1.nyc.gov/site/hra/locations/medicaid-locations.page).

## **Decision**

The June 10, 2015 eligibility determination notice is AFFIRMED.

This Decision does not address nor affect any subsequent eligibility determinations issued by the Marketplace.

**Effective Date of this Decision:** October 15, 2015

## **How this Decision Affects Your Eligibility**

You remain eligible to purchase a qualified health plan at full cost through the Marketplace.

This Decision does not change your eligibility for or enrollment in Medicaid outside of the Marketplace.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months after the date of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days

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of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

### **If You Have Questions about this Decision (Customer Service Resources):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The June 10, 2015 eligibility determination notice is AFFIRMED.

This Decision does not address nor affect any subsequent eligibility determinations issued by the Marketplace.

You remain eligible to purchase a qualified health plan at full cost through the Marketplace.

This Decision does not change your eligibility for or enrollment in Medicaid outside of the Marketplace.

To confirm your enrollment and coverage through Medicaid, you can contact that HRA office.

A listing of HRA offices can be found at [www1.nyc.gov/site/hra/locations/medicaid-locations.page](http://www1.nyc.gov/site/hra/locations/medicaid-locations.page).

### **Legal Authority**

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**A Copy of this Decision Has Been Provided To:**

